



ARKANSAS
BUREAU OF
STANDARDS

PLACED IN SERVICE REPORT SCALES

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Phone (501) 570-1159
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Newly Installed
Device ☐

Officially
Rejected Device ☐

Location Name: _____ Phone: () _____

Mailing Address: _____
Street City State Zip

Location Address: _____
Street City State Zip

Class III Scales

Make: _____	Model: _____	Serial Number: _____
National Type Evaluation Program (NTEP) Certificate of		
Capacity: _____	Conformance Number: _____	
<i>Serial numbers of the same Make and Model may be recorded on the reverse side.</i>		

Class III/III L Scales

<u>Indicating Element</u>		
Make: _____	Model: _____	Serial Number: _____
National Type Evaluation Program (NTEP) Certificate of		
Marked Capacity: _____	Conformance Number: _____	
<u>Load-Receiving Element</u>		
Make: _____	Model: _____	Serial Number: _____
National Type Evaluation Program (NTEP) Certificate of		
Marked Capacity: _____	Conformance Number: _____	

This Placed in Service Report, and if appropriate, the Scale Test Report must be mailed within 24 hours from the date of service, to the Arkansas Bureau of Standards by a representative of a Registered Service Agency for each device restored to service and for each newly installed device placed in service. If applicable, the rejection tag must accompany this report.
This is to certify that I have repaired and/or installed, and left as correct in accordance with the current version of the National Institute of Standards and Technology (NIST) Handbook 44, the device described above.

Service Agency: _____ Reg No: _____

Service Agent Name: _____ Date: _____

Device Owner/Operator: _____

A copy of this Report MUST be maintained at the device location.

Remarks: _____